



# New Customer Information Form

To be Completed by Customer



\*\*\*Please complete all sections and PRINT LEGIBLY\*\*\*

## Section 1 – Business & Location Information

Business Type: Corporation Partnership Sole Proprietor LLC Non-Profit 501(c)(3)

Legal Company Name: \_\_\_\_\_ DBA \_\_\_\_\_

Location Address \_\_\_\_\_ Location City, State, Zip \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Type of Location: \_\_\_\_\_ Current Customer Yes No Number of Locations: \_\_\_\_\_

Location Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

ER Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Tax Exempt: Yes No If answer is "Yes", please provide a copy of your Tax Exempt Certificate.

Business Hours: \_\_\_\_\_ Days Of Operation: \_\_\_\_\_

## Section 2 – Owner Information

Owner's Name: \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_

Owner's City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ Owner's Email: \_\_\_\_\_

Owner's Social Security Number: \_\_\_\_\_ Owner's Date of Birth: \_\_\_\_\_

Owner's Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 3 – Equipment Information

(Complete all applicable in information)

Equipment Type: ATM Air Air/Vac Machine Purchase Required Yes No Arrangement: \_\_\_\_\_

Machine Make/Model: \_\_\_\_\_ # of Cassettes or Size \_\_\_\_\_ Machine SN: \_\_\_\_\_

Surcharge Rate: \_\_\_\_\_ Denomination(s): \_\_\_\_\_ Max Out: \_\_\_\_\_

Communication: Internet Wireless Modem: Purchase for \$225 + \$7/month Rent Modem for \$20/month

**\*\*Attach a copy of the following: FEIN Letter, Driver's License, & a copy of a Voided Check or Bank Letter\*\***

The above information is required to verify customer identity under the U.S Patriot Act. To ensure compliance with new federal regulations of the U.S. Patriot Act and enforcement by the financial networks (VISA and MASTERCARD), credit and background checks must be performed on individuals who own and operate ATMs. Background checks will only be completed on Corporations, Non-Public, Partnership, and Sole Proprietor. Additional information may be requested based on the results of the background check.

Customer Service Hours: Monday – Friday 8AM CST-5PM CST